

केंद्र शासनाच्या मार्गदर्शक सूचनांनुसार
राज्यात “ मा (MAA-Mother's Absolute
Affection)” अभियानाची अंमलबजावणी
करण्याबाबत

महाराष्ट्र शासन
सार्वजनिक आरोग्य विभाग
शासन परिपत्रक क्रमांक: संकीर्ण २०१६/२८५०/ प्र.क्र. ५९३/ कु.क.
बी विंग , १० वा मजला, गो. ते. रुग्णालय, संकूल इमारत
लो. टि. मार्ग, मुंबई- ४०० ००१
तारीख: २२ ऑगस्ट , २०१६

वाचा -

१) केंद्र शासनाच्या आरोग्य आणि कुटुंब कल्याण मंत्रालयाचे अपर सचिव तथा अभियान संचालक, राष्ट्रीय आरोग्य अभियान श्री. सी. के. मिश्रा यांचे क्रमांक: Z.- २८०२०/१५५/२०१२-CH (Part) , दि. २८.०७.२०१६ रोजीचे पत्र

शासन परिपत्रक -

केंद्र शासनाच्या संदर्भाकित पत्रान्वये स्तनपानाचा दर वाढविण्याकरीता दि. ०५.०८.२०१६ पासून “MAA- Mother's Absolute Affection” अर्थात “मा” अभियान देशात सर्वत्र राबविण्यात येणार आहे. हे अभियान जुलै २०१७ पर्यंत कार्यान्वित राहणार आहे. स्तनपान हे बालकांच्या आरोग्याच्या दृष्टीन अत्यंत महत्वाचे आहे. नवजात अर्भकास एका तासाच्या आत स्तनपान दिल्यामुळे २०% अर्भक-मृत्यू टाळता येतात. ज्या बालकांना जन्मापासून सुरुवातीच्या सहा महिन्यांपर्यंत स्तनपान केले जाते, अशा बालकांमध्ये इतर बालकांच्या तुलनेने न्यूमोनिया होण्याचे प्रमाण १५ पटीने आणि अतिसार होण्याचे प्रमाण ११ पटीने कमी असते. भारतात सर्वेक्षणानुसार ७८.७ % आरोग्य संस्थामधील होणा-या प्रसूतीपैकी फक्त ४४.६ % प्रसूतीच्या प्रसंगीच मूल जन्मल्यापासून एका तासाच्या आत माताद्वारे स्तनपान करविले जाते.

स्तनपानाला प्रोत्साहन देण्याकरीता तसेच अर्भक मृत्यू दर कमी करण्याच्या दृष्टीने स्तनपानाविषयी जनजागृती होणे महत्वाचे आहे. त्यामुळे केंद्र शासनाच्या संदर्भाकित पत्रातील मार्गदर्शक सूचनांनुसार राज्यात “MAA- Mother's Absolute Affection” अर्थात “मा” अभियान राबविण्याची कार्यवाही सर्व संबंधितांकडून होण्यासाठी प्रत्येक जिल्ह्याकरीता ४.३ लाख रुपयांचा अतिरिक्त निधी केंद्र शासनाकडून मंजूर करण्यात येणार आहे. तरी सोबतच्या केंद्र शासनाच्या मार्गदर्शक सूचनांनुसार सर्व अधिका-यांनी “मा “ अभियानाची अंमलबजावणी करावी, असे सूचित करण्यात येत आहे.

सदर शासन परिपत्रक महाराष्ट्र शासनाच्या www.maharashtra.gov.in या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेतांक क्रमांक २०१६०८२२१२४९१२८३१७ असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षांकित करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

(अ.ता. उईके)
शासनाचे अवर सचिव

प्रत,

१. मा. मंत्री , सार्वजनिक आरोग्य आणि कुटुंब कल्याण यांचे स्वीय सहाय्यक , मंत्रालय, मुंबई
२. मा. राज्यमंत्री, सार्वजनिक आरोग्य आणि कुटुंब कल्याण यांचे स्वीय सहाय्यक , मंत्रालय, मुंबई
३. आयुक्त (कुटुंब कल्याण) तथा संचालक, राष्ट्रीय आरोग्य अभियान, आरोग्य भवन, मुंबई
४. संचालक, आरोग्य सेवा संचालनालय, मुंबई
५. अतिरिक्त संचालक, राज्य कुटुंब कल्याण कार्यालय, पुणे
६. सह संचालक (अर्थ व प्रशासन), आरोग्य सेवा, आरोग्य सेवा संचालनालय, मुंबई
७. सह संचालक, आरोग्य सेवा (नियोजन), आरोग्य सेवा संचालनालय, मुंबई
८. उपसंचालक, आरोग्य सेवा मंडळ (सर्व)
९. उप संचालक(परिवहन) , आरोग्य सेवा, पुणे
- १०.उप संचालक, आरोग्य सेवा, राज्य आरोग्य माहिती व जीवनविषयक आकडेवारी कार्यालय, पुणे
११. जिल्हा शल्य चिकित्सक, सामान्य रुग्णालय (सर्व)
- १२.जिल्हा आरोग्य अधिकारी , जिल्हा परिषद (सर्व)
- १३.जिल्हा कोषागार अधिकारी ,सर्व जिल्हा
- १४.आयुक्त , महानगरपालिका (सर्व)

- १५. मुख्य कार्यकारी अधिकारी, जिल्हा परिषद (सर्व)
- १६. मुख्याधिकारी, नगरपरिषद (सर्व)
- १७. सह सचिव / उप सचिव (सर्व) सार्वजनिक आरोग्य विभाग, मंत्रालय
- १८. निवड नस्ती (कु.क.)



OPERATIONAL GUIDELINES

Programme for Promotion of Breastfeeding

“MAA(MOTHER’S ABSOLUTE AFFECTION)” PROGRAMME



August 2016

Ministry of Health & Family Welfare

Government of India

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A. ABOUT THE “MAA” (MOTHER’S ABSOLUTE AFFECTION) PROGRAMME

- A Nation-wide Programme for Breastfeeding promotion through health systems.

Introduction & Rationale:

Breastfeeding is an important child survival intervention. Breastfeeding within an hour of birth could prevent 20% of newborn deaths. Infants who are not breastfed are 15 times more likely to die from pneumonia and 11 times more likely to die from diarrhea than children who are exclusively breastfed, which are two leading causes of death in children under-five years of age. In India, only 44.6% mothers initiate breastfeeding within one hour of birth despite the fact that about 78.7% mothers deliver in institutions (RSOC, 2014). Further 64.9% babies are exclusively breastfed during first six months and only 50.5% babies between 6-8 months are given complementary foods (RSOC, 2014).

Given the overwhelming evidence available on the impact of breastfeeding on reduction of neonatal mortality and infant mortality; it is imperative that efforts are intensified to improve optimal breastfeeding practices (early initiation of breastfeeding within one hour, exclusive breastfeeding for first six months and continued breastfeeding for at least two years). Promotion, protection and support of breastfeeding is an important activity of the health systems and the present programme attempts to intensify efforts to promote optimal infant and young child feeding practices (IYCF), with a focus on breastfeeding.

About the Programme:

An Intensified Programme is proposed to be launched in the month of August 2016, in an attempt to bring undiluted focus on promotion of breastfeeding, in addition to ongoing efforts through the health systems. This would be called as ‘*MAA (Mother’s Absolute Affection) Programme*’. The Programme would be launched at National level on 5th August 2016. States may launch MAA programme during the month of August 2016, after its National level launch.

Goals & objectives of the Programme:

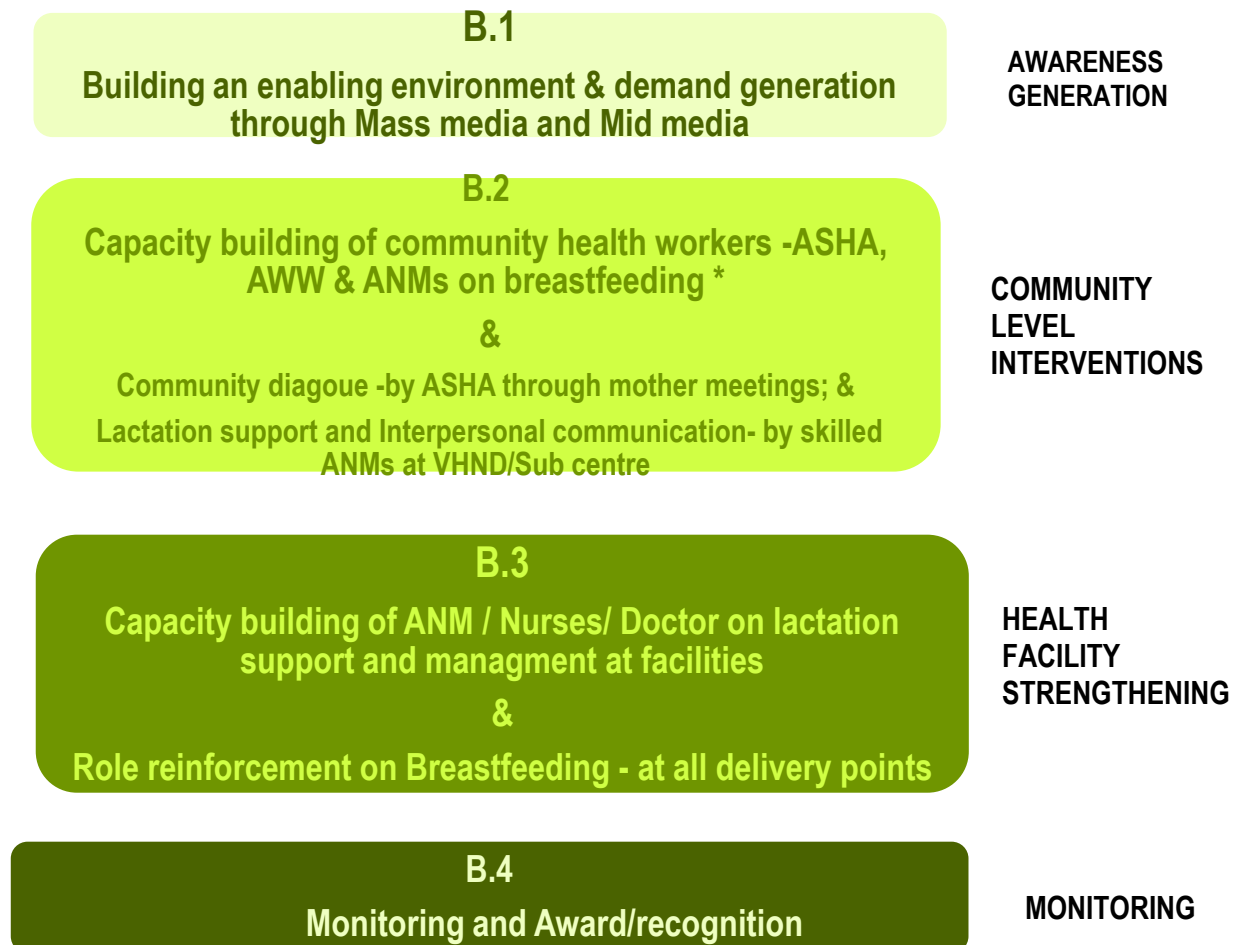
The goal of the “MAA” Programme is to revitalize efforts towards promotion, protection and support of breastfeeding practices through health systems to achieve higher breastfeeding rates.

Following are the objectives of the Programme in order to achieve the above mentioned goal:

- a) Build an enabling environment for breastfeeding through awareness generation activities, targeting pregnant and lactating mothers, family members and society in order to generate demand for breastfeeding. Breastfeeding to be positioned as an important intervention for child survival & development.
- b) Reinforce lactation support services at public health facilities through trained healthcare providers and through skilled community health workers.
- c) To incentivize and recognize such health facilities that show high rates of breastfeeding along with processes in place for lactation management.

B. COMPONENTS OF 'MAA (Mother's Absolute Affection) PROGRAMME'

The Programme will be implemented at three levels- Macro-level through mass media; Meso-level at health facilities and micro-level at communities. Overview of the components of the Programme is as below:



'MAA-Mother's Absolute Affection'

B.1: ENABLING ENVIRONMENT & DEMAND GENERATION

Through mass media, community media & mid media

Demand generation activities are pertinent to improve uptake of skilled lactation support and management services that would be made available through capacity building at community and facility level during the Programme.

To achieve maximum penetration of messages on breastfeeding and build a Programme, awareness generation & advocacy activities would be undertaken using multiple platforms (AV/print/electronic) through appropriate Mass -media, mid media and Interpersonal communication at National, State, District and Sub district levels. Whereas, National and State level activities would largely focus on mass media, mid media and community engagement activities would be undertaken at District & Sub district level.

The main focus of the IEC Programme will encompass the core benefits of breastfeeding i.e. reduced incidence of Diarrhoea and Pneumonia and reduced risk for hospitalization and related mortality, increase in I.Q. points; decrease in risk for Non Communicable diseases in later life etc. To make the Programme more effective in achieving its goal, certain priority areas for communication have been identified such as: early initiation of breastfeeding and 'no'to prelacteals; myth of not enough milk; emotional and overall support to the lactating mothers; advocacy of the gatekeepers such as mother in law/husband and other family members; where to go in case of difficulty in breastfeeding; breastfeeding in case of working mothers; and ill effects of Infant milk substitutes.

The chief components of demand generation at National/State and Sub district level would be as below:

B.1.1 Mass media activities:

- **The Ministry of Health & FW has developed branded audio visual materials with Madhuri Dixit as the celebrity advocate for wider publicity.** Audio spots would be aired on **Prasar bharti** (DD and AIR) and my.gov.in. **Newspaper advertisement would be published** in National dailies at decided frequency. **Bulk SMS and voice messages** would be sent using MCTS and Kikari. **Launch event with political leaders such as CM/HM at State; MP/MLA at District level** and public leaders. The Programme would be launched by Hon'ble Union Minister Health & FW at National level on 5th August 2016. **Media engagement** with private media and language media to highlight messages.
- The various types of IEC material has been developed at National level for use by the States:

TV commercial*	Radio Spots	Print IEC
<ul style="list-style-type: none">• Vaada : 60 seconds• Bada Bhai: 60 seconds• Treasure Hunt: 60 seconds• Maa sab janti hai- 60 seconds *all TVCs end with	<ul style="list-style-type: none">• Vaada : 30 seconds• Bada Bhai: 30 seconds• Treasure Hunt: 30 seconds	<ul style="list-style-type: none">• Hoarding, posters, bus panels• Posters (7 prototypes) for use at Health facility & outdoors• Wall painting prototype for Villages• Info kit for ASHA• Counselling flipchart for ANM

- States and District may plan similar launch event in the month of August 2016, after the National level launch. **Audio visual materials have been developed in Hindi and English at the National level may be used by States after translation/adaptations if any. States may publish newspaper ad in local dailies, airing in local channels and radio FM. Wide outdoor publicity such as hoardings in open public spaces such as bus stops, railway stations, marts may also be taken up.**

B.1.2 Mid media activities:

- Song & drama Division activities, folk performance, street theatre, puppet shows, video vans, and also fairs and exhibitions regarding “MAA” programme may also be taken up to have a local connect with communities.

B.1.3 Community engagement/Inter-sectoral convergence:

The following activities may be carried out State and District level to convert the “MAA” programme into a people’s movement:

- Involving private sector is important as large proportion of deliveries take place in private facilities. Advocacy meetings may be planned with professional bodies of **Private sector professionalbodies** such as IMA, IAP, FOGSI.
- **Inter-sectoral involvement** with line ministries such as Women and Child Development, Tribal Welfare Panchayati Raj and Urban Development is required for multiplier effect to reach pregnant and lactating mothers.
- Involvement of all **Development partners** for focused implementation in High Priority Districts is essential.
- **Public meetings/workshops** may be organized for advocacy at State, District, Block level involving Leadership, actors, social activists, religious leaders, ANM Schools/ Nursing schools, Panchayat leaders, religious heads, teachers, or other potential influencers

Note: Care should be taken towards non-involvement of funding sources/ items prohibited under IMS Act during advocacy. Orientation on IMS act would be provided in the training module.

B.2: COMMUNITY LEVEL ACTIVITIES

- **Orientation of ASHA/AW&Interpersonal communication and community dialogue through Mother Meetings conducted by ASHA**
 - **Trained ANM at Sub centre for providing skilled care in the communities**

Community level activities for promotion and counselling support for breastfeeding is an important element as it provide the opportunity for advocacy of not only mothers but also the gate keepers on breastfeeding behavior, such as mother in law, husband and other family members. It also provides an important individualized opportunity for dissemination of correct messages and information on correct positioning technique for breastfeeding and generate support from the family members for the mother on breastfeeding. Community activities by frontline workers not only provides correct information at first contact itself, but also appropriate referral for cases requiring lactation management & support and also help in sustaining the advice of doctors/skilled nursing staff after discharge.

The role of ASHA along with Anganwadi worker, in the Programme is of a community mobiliser for advocacy on breastfeeding along with support and counselling for ideal IYCF practices. ASHA would thus promote breastfeeding at the community level and also be able to counsel and refer the cases requiring support/management to the trained ANM. ASHA can easily counsel mothers regarding management of breast engorgement and inverted nipples, to save the loss of valuable time with significant discomfort in the mother. However, the cases requiring further help may be referred to ANMs at Sub centre or health facility.

ANMs at all sub centres would be trained for developing skills on lactation management and support, in a phased manner over the year. The skilled ANMs at Sub centre would be a major resource in the community. Skilled ANM would address all referred cases requiring lactation support such as breast engorgement, lactation failure, inverted nipples, breast abscess, insufficient milk, counselling for lactation support etc. at the Sub centre and at VHNDs. She would also provide breastfeeding counselling during VHNDs and Routine immunization sessions at Sub centres.

The following activities would be implemented at community level under Programme:

B.2.1 One day sensitization of ASHA - to develop them as the first information link on breastfeeding in the community: ASHA would be orientated on benefits of breastfeeding, and briefly on ideal practices, along with her role on promotion of breastfeeding, identification and referral of cases requiring help, by one day orientation to be conducted during monthly review meetings at the block level. Relevant portions on breastfeeding in the Module 6 & 7 should be used for this one day orientation. States may adapt material being shared in the one day sensitization module.

This orientation would contain basic concepts of breastfeeding and complementary feeding, which enables frontline workers to provide correct and complete information to the families and community and clear misconceptions and myths. Her role in delivering breastfeeding related advice in routine home visits for newborns would also be detailed. Brief content on basic breast conditions and their management would also be covered.

B.2.2 ASHA conducts Mother's meetings to promote, protect, manage and support breastfeeding and complementary feeding: At community level, ASHA would disseminate breastfeeding messages and undertake community dialogue by conducting mothers' meetings.

- ASHA would carry out inter personal communication and inform pregnant and lactating women on benefits and techniques of successful breastfeeding by constituting **mothers' meetings**, covering all pregnant and lactating women in her village. The aim is to generate community advocacy on the subject and to provide preliminary counselling.

- The set of information to be delivered is annexed (Annexure I). ASHA would also use ASHA infokit developed for MAA Programme. Flip charts developed for “MAA” programme may also be used by ASHAs.
- ASHA would prepare a micro plan, with line listing of ANC mothers and lactating mothers. In a typical village, around 40-50 mothers would be eligible for enrolling into mother’s meeting. An ideal mothers’ meeting would consist of 5 -8 such mothers and there would be 3 meetings per month and 8-10 meetings per quarter in her village. The ASHA would cover all pregnant & lactating mothers in every quarter.
- ASHA would repeat the mothers meeting every quarter of the financial year.
- **ASHA would be given an incentive of Rs. 100**per round per quarter for conducting all mothers’ meeting in her village in each quarter i.e. an incentive of Rs. 300 for 3 quarters, after orientation in the first quarter.
- If Mother support groups have been institutionalized in the States, the available platform may be used for conducting mothers’ meetings.

B.2.3Reinforcement of routine activities of ASHA on breastfeeding: The above mentioned orientation of ASHA would also enable her to effectively deliver enlisted breastfeeding activities (elaborated in point no. 3 of Annexure II), during her routine home visits such as Home based newborn care, Low birth weight baby follow up and SNCU discharged babies follow up.

B.2.4IYCF trainings for ANMs of all Sub centres in a phased manner: After the launch of the “MAA” programme, ANMs would be orientated in 1 day “MAA”sensitization module. However, in a phased manner, ANMs at all sub centres would be trained in 4 day IYCF training module. States would prepare a training plan and IYCF implementation framework to saturate 4 day IYCF trainings of Sub centres.ANMs would be trained by a pool of IYCF Master Trainers (trained MOs/ trained Pediatricians/trained Staff Nurses) at District or State level.This would be an ongoing activity budgeted in State PIP under National Health Mission.ANMs should be provided with IYCF counselling “MAA” flip chart.

B.2.5Breastfeeding support and management services at Sub-centre and VHNDs: Skilled ANM willprovide breastfeeding & IYCF management and support to referred cases at Sub-centre and during VHNDs. ANM should use “MAA” flipchart for doing cuonselling.

B.3: CAPACITY BUILDING OF HEALTH CARE PROVIDERS

- **Capacity building of ANMs/Nurses/Doctors - at all delivery points&**
- **Role re-enforcement regarding lactation support services**

It is well established fact that support for initiating and establishing successful breastfeeding at health facilities after institutional delivery goes along way in achieving high breastfeeding rates after discharge. Once breastfeeding is successfully established immediately after birth and mother is counseled before discharge, and repeated counseling is provided on every health contact with newborn (Immunization/well baby clinic), high rates of exclusive breastfeeding upto 6 months can be achieved. Key areas requiring counseling are correct positioning for breastfeeding, frequency, emotional support by the family, confidence, on demand feeding, night feeding, clearing myths of not enough milk and special situations such as working mother. Each contact point with the newborn at health facilities should be optimized for breastfeeding/IYCF counseling.

The following activities would be implemented at facility level under the Programme:

B.3.1 Reinforcing roles & responsibilities regarding breastfeeding-by one day orientation:

- **A one day sensitization (using one day MAA sensitization module)**along with orientation on roles and responsibilities(as per Annexure II) and review of health workers’ involvement in promotion of breastfeeding at facilities should be taken up in August 2016, after launch of the Programme. The aim of one day sensitization is to quickly provide brief knowledge to health care workers and equip them for assisting mothers, till their IYCF

training (4 day) is undertaken. This would be done for RMNCHA counselor/Staff Nurses/ANM/MO of all delivery points and of ANMs of all Sub centres. Breastfeeding support through RMNCHA counsellors, ANM/SN/MO would be restated. These meetings will take place at District and Block level. Details of roles & responsibilities of health care providers regarding IYCF in Annexure II.

- Dissemination on IMS Act is an essential component for protecting breastfeeding in health facilities and thus must be undertaken during the one day sensitization during August.
- **Special emphasis would be on providing breastfeeding counseling on 9th of every month where essential maternal health services are being provided at identified health facilities under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).**
- Role of birth companion towards initiating early breastfeeding at health facilities would be stressed under the Programme to provide ownership of family towards their role in breastfeeding.

B.3.2 Capacity building of ANMs/Nurses & developing master trainers: The process of preparing a pool of master trainers would be initiated at the earliest after launch of the “MAA” programme and continues through the year by involving Pediatric/PSM departments of Medical Colleges. The Master Trainers in turn will impart 4 day training to MO, SN and the ANMs of all delivery points in a phased manner. The healthcare providers of high case load facilities should be prioritized for training. A plan would be formulated for conducting trainings of ANMs/nurses using the 4 day training module. Trainings should be initiated in August and aim to saturate high case load delivery points and sub centres in the year. States can

Dedicated training packages have been developed for the MAA Programme such as the one day sensitization module, 4 day IYCF training package for ANM and nurses and the trainer’s guide. The one day module may be used for use in August during the launch. The 4 day (MAA training module) is a comprehensive module and includes all aspects of breastfeeding, complementary feeding, counselling, growth monitoring and breastfeeding in special situations.

B.3.3 Facility strengthening: All the delivery points would be equipped with necessary IEC material at health facilities and display of IEC on breastfeeding would be ensured in ANC ward/delivery ward and ANC clinics. IEC by use of AV aids, where ever installed in PNC wards would be undertaken. 10 steps of Baby friendly health facilities should be displayed and disseminated at the health facilities.

B.3.4 Room for breastfeeding: At all health facilities a dedicated space/room would be provisioned for carrying out breastfeeding by lactating mothers who are visiting for consultation. This would promote breastfeeding and give visibility for advocacy purpose.

B.3.6 Setting up of National Resource Centre: The activities for supporting massive IYCF trainings and monitoring would be supported through National Resource Centre being established at the University College of Medical Sciences, New Delhi in technical collaboration with Breastfeeding Promotion Network of India (BPNI). State may contact the National Resource Centres for facilitation on matters related to training, monitoring etc.

B.4: AWARDS

Recognition for best performing baby friendly facilities

In order to complement efforts on strengthening facilities, an initiative to provide recognition and appreciation to delivery points that demonstrate efforts towards delivering services for breastfeeding as per guidelines would be provided.

B.4.1 Award for facilities: Those facilities that perform well on promoting, protecting and supporting breastfeeding as per designated criterion (as per assessment report of the assessors) would be **awarded and recognized at State level**. This would act as a confidence and motivation for continuing the work.

B.4.2 About the award: The nominated and certified facility would be awarded as “**MAA- Mother’s Absolute Affection award**”.

- Only 1 award per District would be provided per district for the best facility for achieving the criterion for the award.
- A team cash award of Rs. 10,000 per facility would be provided, which would be shared by the ANM, SN, Doctor, OBGY/Pediatrician.
- The award would be given after certification from accredited monitors and validation of the criterion.

B.4.3 Criterion for award: The following criterion when implemented for at least 6 months would be awarded:

- i. Have a written breastfeeding/IYCF policy (as per National IYCF guidelines of MoHFW) that is routinely communicated to all health care staff.
- ii. Train all health care staff in skills necessary to implement this policy.
- iii. Inform all pregnant women about the benefits and management of breastfeeding.
- iv. Help mothers initiate breastfeeding within one-hour of birth.
- v. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
- vi. Give newborn infants no food or drink other than breast milk unless medically indicated.
- vii. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
- viii. Encourage breastfeeding on demand.
- ix. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- x. Link mothers to trained ANM in the community on discharge from the hospital or clinic.

B.4.4 Facility monitoring: The monitoring of the ongoing efforts to strengthen facilities would be undertaken by assessors for nominated facilities on quarterly basis for 200 districts in 2016. A pool of assessors would be created at State/District level, under the oversight of National Resource Centre. The assessors would be qualified personnel, trained and willing to carry out assessment of high case load delivery points regarding IYCF/breastfeeding counseling. Simultaneously, efforts will be made to integrate assessment of breastfeeding practices into the existing systems of facility assessment of State Quality Assurance Committee (SQAC) & District Quality Assurance (DQAC).

B.4.5 Target: It is targeted that all high case load facilities are converted to awarded facilities.

E. Programme Implementation

Following implementation mechanism are suggested for successful roll out of the MAA Programme:

A, MAA coordination committee formed at State level may oversee the implementation of suggestive activities as below:

- disbursement of guidelines (translated if needed) and funds to Districts,
- adaptation of IEC material as per local needs,
- preparing a plan for trainings of the districts,
- identifying IYCF master trainers and chalking out training strategy.
- conducting inter-sectoral meeting with WCD department and lead development partners for implementation
- preparing monitoring plan for monthly reporting
- identifying monitors for conducting monitoring for providing awards, in consultation with National Resource Centre
- printing of IEC material at State/district level
- conducting meeting to orient District on roll out of MAA programme
- State level launch in August 2016 by Hon'ble CM/HM

District largely have the mandate of implementation of the programme and need careful planning for conducting the following activities:

- District level launch by noted leader/MP/MLA
- Conducting one day sensitization in August and achieve high coverage
- Sensitize health facilities for MAA awards
- Complete orientation of all ASHAs by September and roll out the activity
- Plan for reporting by health facilities, ANM and ASHA

F. Monitoring & evaluation

- Each ASHA shall provide the filled monitoring formats at the end of each quarter to the ANM
- ANM will submit the compiled report to the Block and further reports are submitted to District level
- District and States would submit monthly reports on progress of trainings, monitoring and visits at monthly basis. The reporting formats are placed in Annexures IV & V.
- The key monitor-able indicators are as below:
 - Number & % of ASHAs for whom sensitization on IYCF is conducted in block meetings
 - Number of Mothers' meetings held
 - Number & % of Pregnant & lactating mothers attended mother's meetings
 - Number & % of ASHAs having IYCF infokit
 - Number & % of ASHAs provided incentive for mothers' meetings
 - Number & % of ANMs & nurses trained on 4 day trainings
 - Number & % of ANMs for whom one day sensitization was undertaken
 - Number & % of delivery points, where health care providers have been oriented with one day sensitization module
 - Number of Facilities received MAA awards (at State level)
 - Number of districts conducted launch of MAA programme

- A State wide evaluation survey would be undertaken after one year of implementation of MAA programme

G. COSTING OF 'MAA-Mother's Absolute Affection' Programme

The Programme would be an annual activity and incur recurring expenditure for its components. Estimates are as below:

S. No.	Activity	Cost/District (Rs. lakhs)
I. DEMAND GENERATION		
1.1	Development of IEC materials /Branding of IEC Programme	National level activity. No costs involved for State/District
1.2	IEC activities (in addition to funds sanctioned under PIP) Apart from Audio visual, includes printing of ASHA infokit, ANM flipchart,	Rs. 0.5 lakh per district. (This fund may be utilized at State level for IEC activities. States may take a call on its utilization.)
1.3	Costing for Air time /Newspaper ads	Already sanctioned funds under NHM PIP
II. COMMUNITY MOBILISATION		
2.1	Orientation of ASHA on breastfeeding/IYCF	No dedicated funds- to be clubbed with monthly block review meeting.
2.2	ASHA incentive @ Rs. 100 per ASHA for quarterly mothers' meetings.	Rs. 3.2 lakh per district (Estimated 1066 ASHA/district x Rs. 300 for 3 quarters in 2016-17)
2.3	4 days IYCF training for all Sub centers/Delivery points	Already an ongoing activity by States under PIP.
III. CAPACITY BUILDING AT DELIVERY POINTS		
3.1	One day sensitization of ANM/Nurses/Doctors of Delivery points and Sub-centers at District and Block level meetings. Along with orientation on role clarity on breastfeeding & review on breastfeeding. This includes cost for printing of sensitization module, arranging training.	Rs. 0.5 lakhs per district
3.2	National Resource Centre	National level activity. No costs involved for State/District
IV. AWARDS		
4.1	Monitoring & Award/Recognition (Budgeted for 10,000 for one facility /district)	Rs. 0.1 lakhs per district
	GRAND TOTAL	Rs. 4.3 lakhs/district

Budgetary provision in annual PIPs: Planning for IYCF trainings, IEC, BCC material and tools should be undertaken as part of the PIP planning process. This will ensure that training manuals, guidelines, appropriate audio-visual aids and IPC-BCC tools (like flip charts) are available with ANM and ASHA to facilitate IPC/BCC. IPC tools developed at State level can be made available to community workers as job aids. Adequate budget provisions should be available in the PIP to develop, print and disseminate IEC material.

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Annexure I

Interpersonal communication- messages by ASHA during Mothers' meetings and community dialogue:

Mother meetings*, would be conducted by ASHA, consisting of pregnant and lactating women along with their family members such as mother in law or sister in law and mothers who have successfully breastfed their children. The goal of mothers' meetings is to help mothers to breastfeed by (a) Providing the practical and scientific information to help her decision to breastfeed and (b) Giving women the moral and emotional support they need, to carry out their decision and to feel good about their experiences.

Key messages to be delivered by ASHA in mother's meeting are as below:

- a. Early initiation of breastfeeding; immediately after birth, preferably within one hour.
- b. Breast-milk alone is the best food and drink for an infant for the first six months of life. No other food or drink, not even water, is usually needed during this period. But allow infant to receive ORS, drops, syrups of vitamins, minerals and medicines when required for medical reasons.
- c. After 6 months of age, when babies should be introduced to semi-solid, soft food (complementary feeding) but breastfeeding should continue for up to two years and beyond, because it is an important source of nutrition, energy and protection from illness.
- d. From the age of 6–8 months a child needs to eat two to three times per day and thereafter, three to four times per day starting at 9 months – in addition to breastfeeding. Depending on the child's appetite, one or two nutritious snacks, such as fruit or bread with home-made energy dense food, may be needed between meals. The baby should be fed small amounts of food that steadily increase in variety and quantity as he or she grows.
- e. During an illness, children need additional fluids and encouragement to eat regular meals, and breastfeeding infants need to breastfeed more often. After an illness, children need to be offered more food than usual, to replenish the energy and nourishment lost due to the illness.
- f. Benefits of Breastfeeding to the baby and mother as below:
Benefits for the baby:
 - Early skin-to-skin contact keeps the baby warm.
 - It helps in early secretion of breast milk.
 - Feeding first milk (colostrum) protects the baby from diseases.
 - Helps mother and baby to develop a close and loving relationship
 - Decreased risk of illness such as Diarrhoea, Pneumonia, Ear and throat infections
 - Improved intelligence
 - Ensures development and growthBenefits for the mother:
 - Helps womb to contract and the placenta is expelled easily.
 - Reduce the risk of excessive bleeding after delivery
 - Reduces the risk of breast cancer, uterine cancer and ovarian cancer
 - Lessens osteoporosis
 - Benefits child spacing
 - Promotes post-partum weight loss
 - Costs less to feed the child

Note: ASHA would be orientated as per ASHA training Module 6 & 7 (Page 50-56), before the implementation of programme in order to effectively deliver these messages.

Annexure II

Roles of various Health care workers w.r.t. Breastfeeding and IYCF at Health facilities:

The roles and responsibilities of health workers are divided as below:

1. IYCF services at health facilities
2. IYCF services at community level (outreach)
3. IYCF services through home visits

Each level is elaborated below:

I. IYCF SERVICES AT HEALTH FACILITIES:

1.1 Guiding principles for IYCF promotion in health facilities:

- The substantial increase in institutional deliveries following the launch of Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram has brought the tremendous opportunity for ensuring early initiation of breastfeeding during stay at the health facility. **Health facilities must aim for 100% coverage for early initiation of breastfeeding i.e. within one hour for all normal deliveries** and at the earliest possible, within 4 hours for complicated deliveries. All other contact points of the children upto 2 years with the health facilities should be effectively used for counseling and support to promote appropriate IYCF practices including breastfeeding.
- The key responsibility for communication and counseling of mothers /caregivers on IYCF is that of Staff Nurses, RMNCHA counselors and Medical Officers. In addition, the Staff Nurses should be instructed to take weight and length/height of all children admitted to health facilities and provide appropriate nutrition counseling to caregivers of children identified as underweight or stunted. In high case load facilities (e.g.; a District Hospital), RMNCHA Counselor/s may be employed. The role of RMNCHA Counselor is to provide IYCF counseling to inpatient, outpatient and in labour rooms.

Where a Nutrition Counselor is already associated or part of the NRC, her services should be used to educate and counsel mothers with young children admitted to the hospital.

The dedicated Staff Nurses employed with Special Newborn Care Units (SNCUs) should be trained in lactation management. As many babies admitted to the SCNU are likely to be low birth weight and/ or preterm and sick babies , optimal support for breastfeeding has to be provided in the follow up period after discharge. Trained Staff Nurses must provide counseling and support not only to mothers/ caregivers of children admitted in SCNU but also to caregivers of other babies including LBW and preterm babies born at these facilities or referred from peripheral health facilities. They should also counsel caregivers of admitted children identified as underweight or stunted.

‘Rooming-in’ & ‘bedding-in’ facilities for mothers of all healthy newborns delivered at health facilities, should be provided as this will go a long way in instilling confidence in mothers and improving breastfeeding rates once discharged. Rooming in is defined as Placement of a newborn with its mother, rather than in a nursery, during the postpartum hospital stay. Bedding-in’ is defined as keeping the mother and baby in the same bed, for improved bonding and ease of breastfeeding.

Separation of mother and baby is not warranted unless required due to serious illness of any one of them, wherealso efforts should be made to promote breastfeeding/feeding the newborn own mother's expressed milk.

- One key strategy is to protect breastfeeding from commercial influence. Health care providers must not allow the health systems to be used for promotion of any baby foods/Infant Milk Substitutes or companies manufacturing such foods. During Breastfeeding week, Civil Surgeon, Chief Medical Officer, doctors and nurses may be sensitized in this aspect also.

1.2 Activities for reaching out to mothers/caregivers at the health facility:

Mothers and caregivers can be reached through any of the following ways in various settings in health facility, based on availability of time and resources:

- **One to one counselling** by the service provider is the best way to reach out to mothers and caregivers in the postnatal period when they are more receptive to messages on child care and feeding. Similarly, one to one counselling is required with first time mothers, mother of a sick child for review of child feeding practices and reinforcement of key messages related to feeding during and after illness. Mothers of undernourished children and low birth weight babies should also receive one to one counselling regarding specific feeding needs. Communication guides (Flip charts) are recommended to be used along with skilled counselling to make it more effective.
- **Group counselling sessions** on fixed days and time, should be organized at MCH facilities at pre-decided contact points that include mothers attending the outpatient ANC services, child health services, immunization services and admitted postnatal wards/ with their newborns/young children admitted in pediatric wards, new-born care units and Nutrition Rehabilitation Units.
- **Use of audio-visual aids** in waiting areas of ANC clinic and postnatal ward and at ANC clinics is a good way of reaching out to mothers and family members who also have a critical role in supporting optimal child feeding practices.
- **Appropriate IEC material** (eg; posters) in local language should be displayed at strategic locations (eg; waiting areas, in and around labor room, outdoor consultation rooms, obstetric and pediatric wards) in the health facilities.

1.3 Provision of services related to IYCF in health facilities

Antenatal Clinic: at all MCH facilities and PPCTC/ delivery points

Actions & key practices:

- Breast examination and counselling on importance of colostrum feeding and role of early initiation of breastfeeding in establishing exclusive breastfeeding subsequently, during third trimester
- Specific counselling and management if mother is HIV positive
- Provide information on where to seek further advice and support for breastfeeding
- Advocacy for breastfeeding and providing information on correct breastfeeding practices
- Counsel on 9th of every month where ANC clinics are being held under Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA)

Primary Responsibility: Staff Nurses; RMNCHA Counsellor (when available at the facility) ; ICTC counsellor

Supporting Role: Medical officer.

Labour Room: at all delivery points

Action & key practices:

- Undertake breast crawl and initiate breastfeeding. Every newborn, when placed on the mother's abdomen, soon

after birth, has the ability to find its mother's breast all on its own and to decide when to take the first breastfeed. This is called the 'Breast Crawl', which is helpful to the baby as early breastfeeding is successfully established for nutrition and to the mother as it eases the uterine contraction, faster expulsion of the placenta, reduces maternal blood loss and prevents anaemia.

- Support the mother to provide confidence and direction to the baby.

Primary Responsibility: ANM/SN/MO conducting delivery, preferably those trained in SBA/NSSK

Supporting role: Doctors, Staff nurses

Post-natal ward : at all delivery points

Actions & key practices:

- Ensure initiation of breastfeeding within one hour
- Support for early initiation of breastfeeding, avoiding pre lacteal feeds, promoting colostrum feeding, and establishment of exclusive breastfeeding;
- Management of breast conditions
- Direct observation by the health service provider for technique and attachment while breast feeding the infant for the first time and on a subsequent occasion
- Birth weight, identification of LBW babies and appropriate management
- Counselling on infant feeding options in context of HIV (for mothers identified as HIV positive) during antenatal period and after birth
- Appropriate data entry for early initiation of breastfeeding column in all delivery registers
- PNC ward and delivery room must have IEC materials on walls for early initiation of breastfeeding & exclusive breastfeeding in local language

Primary Responsibility:: ANM/SN/MO conducting delivery, preferably those trained in SBA/NSSK ; RMNCHA Counsellor at high load facilities

Supporting role: Doctors, Staff nurses

Outpatient services/consultations (immunisation, Well-Baby Clinic, Paediatric O.P.D, ICTC)

At all MCH facilities/ delivery points

Actions & key practices:

- Ensure exclusive breastfeeding message and complementary feeding messages are reinforced
- Breastfeeding problems are discussed and addressed
- Growth monitoring of all inpatient children and use of WHO Growth charts for identification of wasting and stunting and appropriate management
- Group counselling on IYCF and nutrition during pregnancy and lactation;
- Review of breastfeeding practices of individual child and nursing mother and counselling on age appropriate infant feeding practices;
- Review of feeding practices, counselling & support on feeding options in context of HIV (for mothers identified as HIV positive)

In high case load facilities with IYCF counselling centre already established, RMNCHA counsellors/designated staff nurse should be available for fixed hours (coinciding with timing of outpatient services) at this center to counsel and solve referral problems. The above package of services may also be provided at dedicated IYCF centre.

Primary Responsibility: ANM if only she is available, Staff Nurses; RMNCHA Counsellor at high case load facilities ; ICTC counsellor

Supporting Role: Medical officer

Inpatient services (sick children admitted in Paediatric wards)

At all MCH facilities / delivery points

Actions & key practices:

- Monitoring of lactation and breast conditions, support to resolve any breastfeeding related problems
- Anthropometric measurements of all inpatient young children; identification of children with under nutrition and appropriate nutrition counselling and management
- Implementation of IMS Act
- Age appropriate messages regarding feeding of sick child and child care practices

Primary Responsibility: Staff Nurses; RMNCHA Counsellor at high case load facilities

Supporting Role: Matron , Medical officer

Special new born care units(Special Newborn Care units, Newborn Stabilization Units)

Actions & key practices:

- Counselling on breastfeeding/breast milk feeding of low birth weight and preterm babies, helping mother for cup feeding the baby and, age appropriate feeding advice before discharge

Primary Responsibility:

Staff Nurses; RMNCHA Counsellor at high case load facilities

Supporting Role:

Medical officer

II. IYCF SERVICES AT COMMUNITY OUTREACH LEVEL

2.1 Guiding principles for provision of services on IYCF promotion in community outreach level

- The following contacts are critical opportunities for IYCF promotion:
 - Village Health and Nutrition Days
 - Home visits by AHAs
 - Routine immunisation sessions at Sub centers
 - Growth monitoring and promotion sessions at Anganwadi Centers
 - Biannual rounds
 - IMNCI/sick child consultation at community level
 - Special Programmes (eg.; during Breastfeeding Week, Wajan Divas etc.)
 - Any State specific initiative like screening drives for identification of SAM children
- The key responsibility for communication and counselling of mothers /care givers during these contacts is of ANMs along with support from ASHAs. ASHA acts as facilitators of promoting IYCF and she needs to be provided orientation so as to equip and position them as effective promoters of IYCF practices. The role of ASHA in the Programme is as a community mobiliser and of advocacy on breastfeeding. ASHA would thus protect and promote breastfeeding at the community level and refer the cases requiring support/management to the trained ANM. ANM is the key resource person for IYCF at community level and would be provided IYCF trainings in order to assess and support referred cases by the ASHAs. ANM may seek support of Anganwadi workers.

2.2 Activities for reaching out to mothers/care givers at community outreach

Mothers and care givers should be reached at community outreach level through:

- **Growth Monitoring Sessions:** Growth monitoring (weight recording in MCP card) is undertaken at AWC and /or during VHNDs, This activity is a good entry point for nutrition counselling and promoting IYCF practices.

- **Group counselling sessions:** at fixed day and time, should be organised at VHND. Mothers accompanying children for immunisation, micronutrient supplementation provide a captive audience for discussing infant and young child feeding practices.
- **One to one counselling** and group counselling on benefits of breastfeeding should be conducted during outreach by the ANM/ ASHA for children with moderate/severe under-nutrition. Young children with severe under-nutrition are to be referred to an appropriate facility for further evaluation after screening (using MUAC cut off of < 115 mm as the criteria). One to one counselling to the mothers of infants and young children provides an opportunity to assess the socio economic and cultural barriers in the practice of optimal IYCF practices including breastfeeding practices and then to customise key messages accordingly.
- **Display of Appropriate IEC material** (eg; posters): IEC material in local language should be displayed at strategic locations (eg; community walls, AWC, Panchayat Bhawans etc). Context specific messages promoting local cultural practices that are beneficial and dispelling locally prevalent myths can be developed and displayed at VHND sessions.
- However, the various actions for behaviour change communication on child feeding practices should not be restricted to special events (like the Breastfeeding Week or Nutrition Week) but be a part of all the health related events and activities taking place throughout the year. This will not only reinforce key messages but also reach to more audiences in the community and promote adoption of correct IYCF practices.

2.3 Provision of services related to IYCF at community outreach level

<p>Village Health & Nutrition days (VHND): AWC or Sub Centre , as relevant</p> <p>Actions & key practices to be promoted : Counselling and practical guidance on breastfeeding as an integral component of birth preparedness package – prepare mothers for early initiation of BF;</p> <p>Activities: Group counselling on maternal nutrition and infant feeding</p> <p>Health service provider: ANM Where feasible, demonstration of food preparation and sharing of recipes for optimal use of locally available foods for children 6-23 months; In special situation, demonstrate preparation of safe replacement feed</p> <p>Supporting Role: AWW,ASHA, LHV and ICDS supervisor</p>
<p>Routine Immunisation sessions (RI sessions) : AWC or Sub Centre as relevant</p> <p>Activities: Group counselling on age appropriate IYCF practices and maternal nutrition</p> <p>Health service provider: ANM</p> <p>Supporting Role: ASHA, AWW</p>
<p>Biannual Rounds for Vitamin A supplementation; or during months dedicated to child health (e.g. ; Shishu Sanrakshan Maah)- AWC or Sub Centre as relevant</p> <p>Activities: Group counselling on IYCF and maternal nutrition;</p> <p>Health service provider: ANM</p> <p>Supporting Role: ASHA, AWW</p>
<p>IMNCI / sick child consultation : community level, Sub centre, AWC</p> <p>Activities: Assessment of age appropriate feeding and feeding problems; counselling on age appropriate feeding</p>

and feeding during illness

Health service provider: ANM

Supporting Role: ASHA and AWW

III. IYCF SERVICES THROUGH HOME BASED CARE

3.1 Guiding principles for promotion of IYCF practice through home visits

- Frontline health workers (ANMs and ASHAs), as a policy, conduct home visits for providing postnatal and newborn care as part of various MCH schemes. ASHAs also make home visits under Home based newborn care programme and for following up the newborns with Low Birth Weight for a longer period (up to 2 years).
- **MCH contact opportunities for ASHA during her routine home visits include:**
 - Postnatal Home visits
 - Home visits for mobilising families for VHND
 - Growth monitoring and health promotion sessions at AWC
 - Mothers' Group Meetings /Self Help Groups' Meetings
- ASHA is also oriented to have a vigil to notice if the infant or under two years child is not feeding well or is appearing malnourished. Subsequent to necessary advice, this has to be brought to the notice of the ANM for appropriate advice. The child should also be linked up with the AWW.
- It is important to detect early growth faltering during first few months; it is usually due to faulty feeding and / or infection. Appropriate diagnosis must be made at this time and faulty feeding practices must be corrected. Identified children must be referred for suitable management and advice, if required.
- For Breastfeeding week, ASHA is given an additional incentive of Rs. 250 for conducting mothers' meetings /mother support group (MSG) meetings* in her village on the topic of breastfeeding.
- During the Programme ASHA should also be monitored for her routine HBNC activity related to support for early initiation of breastfeeding, colostrum feeding and establishment of exclusive breastfeeding, and support to resolve any problems along with advice on feeding frequency and duration and other IYCF advice for LBW & preterm babies.
- During breastfeeding week, ASHA would also be expected to track children for IYCF advice as per the MCTS workplans along with ANMs.

*At places, Mothers' Groups and /or Self Help Groups are active through the year for e.g. Andhra Pradesh, these offer a good platform for discussing IYCF practices. These groups are facilitated by AWWs and themes for discussion include IYCF and child care.

State level monthly monitoring format**Part A) MAA Roll out progress**

S.No	Activity	Numbers
1	Name of State with contact details of MAA Nodal officers	
2	Number of districts implementing MAA programme	
3	Number of total ASHAs	
4	Number of ASHAs oriented on IYCF	
5	Number of ASHAs having infokit	
6	Number of Pregnant & lactating mothers	
7	Number of Pregnant & lactating mothers participated in mother's meeting	
8	Number of mothers' meetings held	
9	Number of IYCF master trainers identified	
10	Number trained in one day sensitization in August	
	a) ANM/ Total ANMs	
	b) delivery points for whom one day sensitization covered in August	
11	Number of facilities given MAA Award	

Part B) Training progress:

Current year's performance			Total no. in the State	For whom IYCF training approved so far (cumulative)	Total no. trained so far (cumulative)	Training target (no.s) for current year	No. trained in current year
1	No. of personnel (not batch) for whom IYCF training was approved & conducted	MO					
2		Counsellors					
3		ANM at subcentre					
4		ANM/SN at delivery points					

Annexure V**ASHA monthly reporting format**

	Activity	Number
1	Name of ASHA	
2	Month of reporting	
3	Having Infokit (Y/N)	
4	Number of Mothers' meetings conducted	
5	Number of Pregnant & lactating mothers in the quarter	
6	Number of Pregnant & lactating mothers participated in mother's meeting in the quarter	
7	Number of mothers referred to ANM	

Signature of ANM